

2011 Military Health System Conference

TRICARE Operations and Policy Update

The Quadruple Aim: Working Together, Achieving Success

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January 26, 2011



TRICARE Management
Activity

Report Documentation Page

Form Approved
OMB No. 0704-0188

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1. REPORT DATE 26 JAN 2011		2. REPORT TYPE		3. DATES COVERED 00-00-2011 to 00-00-2011	
4. TITLE AND SUBTITLE TRICARE Operations and Policy Update				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Military Health System, TRICARE Management Activity, 5111 Leesburg Pike, Skyline 5, Falls Church, VA, 22041				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited					
13. SUPPLEMENTARY NOTES presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			
unclassified	unclassified	unclassified	Same as Report (SAR)	21	

Operations and Policy Update



- HIGHLIGHT RECENTLY IMPLEMENTED AND UPCOMING POLICY AND BENEFIT CHANGES
 - Health Care Reform
 - TRICARE Young Adult Coverage
 - NDAA for FY 2010 and 2011
 - Other Changes

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- TRICARE and National Health Care Reform
 - No immediate effect on TRICARE benefit
 - TRICARE is deemed “qualifying coverage”

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- Protections of National Health Reform:
 - No discrimination for pre-existing conditions
 - No exorbitant out-of-pocket expenses
 - No cost-sharing for preventive care
 - No dropping of coverage for seriously ill
 - No gender discrimination
 - No annual or lifetime caps on coverage

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- Protections of National Health Reform:
 - Guaranteed renewal despite illness
 - Extended coverage for young adults <26
 - TRICARE Met 7 of the 8 Criteria Prior to Passage
 - Based on the President's Health Insurance Consumer Protections
 - www.whitehouse.gov/health-insurance-consumer-protections

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- The Patient Protection and Affordable Care Act (PL 111-148)
 - Adult children (even if married) can stay on their parent's health plan until age 26
 - Excluded if eligible for own employer sponsored health plan (expires Jan, 2014)
 - Mandatory start date was January 1, 2011, though by law coverage could start as early as September 23, 2010
- TRICARE required separate legislation

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- Ike Skelton NDAA For 2011
 - Unmarried dependent children not eligible for medical coverage at age 21 (23 if enrolled in college) can purchase TRICARE coverage based on the military sponsor's eligibility and enrollment status up to the age of 26
 - Not eligible if eligible for own employer-sponsored plan (no expiration date)
 - Actuarial (full-cost) monthly premiums
 - Effective start date is January 1, 2011
 - Implement via interim final rule

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- Phased Implementation
- Phase 1 – Plans with TRICARE Standard / Extra Option
 - Planned to be available 120-days after NDAA for FY11 signed into law
 - Can purchase retroactive coverage back to statutory effective date of Jan. 1, 2011
 - Includes space-A access to MTFs
 - Military ID cards highly recommended after coverage is purchased



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12/15/10 1/15/11 2/15/11 3/15/11 4/01/11

Requirements Matrix	-----
TRICARE Systems / Reimburse Manuals	-----
DMDC System Changes	-----
MHS System Changes	-----
TRICARE Ops Manual	-----
Contract Mods	*
RAPIDS Guidance	-----
Comm Plan	-----
Marketing Materials	----- ² -----
Enrollment Form	-----

¹ Refine and continue the pre-legislation efforts to inform stakeholders and beneficiaries via press releases, briefings to C & A, web updates, podcasts, social media blasts, and BCAC Blasts

² Marketing and Education materials initially available on the web, then in print

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- Phase 2 – Plans with Prime Option
 - More complex due to system and process changes
 - Execute via contract mods
 - Can switch from Standard to Prime
 - No retroactive coverage

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- Cost Shares and Copayments
 - Contribute to individual and family deductibles
 - Contribute to family catastrophic cap (no individual catastrophic cap)
 - Depends on the plan selected

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Option	Extra	Standard
Program Type	Preferred Provider	Fee-For-Service
Deductible	E-4 and below: \$50 individual / \$150 family E-5 and above: \$150 individual / \$300 family Retirees: \$150 individual / \$300 family	
Copayment	Active duty family – 15% Retiree family – 20%	Active duty family – 20% Retiree family – 25%
Providers	TRICARE Network	TRICARE Authorized
Claims	Provider files	Provider may file
Balance Bill	No	Up to 15%

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- Premiums
 - Actuarially developed monthly premium or premiums are to be cost neutral to the Govt
 - Premiums are not credited to deductibles nor catastrophic cap
 - Premiums influenced by actual health care costs (purchased care and direct care), cost shares, deductibles, and catastrophic caps
 - Separate premiums for TRICARE
 - Standard / Extra versus Prime plans

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- TRICARE Young Adult Processes
 - Adult age dependent completes application and submits payment
 - Coverage starts
 - Continuation Coverage – Day after loss of eligibility if application submitted within 30 days
 - TRICARE Standard – 1st of the next month or retroactive to Jan, 1, 2011
 - TRICARE Prime – “20th of the month rule”

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- TRICARE Young Adult Processes – cont --
 - Cards – After purchase of coverage
 - Enrollment Card
 - Highly recommended to get new military ID card (no other privileges authorized)
 - Coverage ends:
 - Upon age 26
 - Has employer-sponsored health care
 - Failure to pay premiums (one year lock-out)

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- TRICARE Young Adult Processes – cont --
 - Coverage ends (continued):
 - Marries
 - Sponsor loses eligibility or terminates coverage
 - Most eligible for Continued Health Care Benefit Program after Young Adult ends

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- Impact on Military Treatment Facilities
 - Priority for enrollment and access to care the same as other family members of the military sponsor
 - Eligibility
 - Reflected in CHCS / AHLTA / DEERS
 - Should present military ID cards
 - Initially only space-A care, including pharmacy
 - Medical and ancillary care only; no dental care

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- Impact on Military Treatment Facilities (cont)
 - When Prime implemented, can enroll with MTF PCM per MTF Commander's business rules

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- NDAA 2010
 - Many provisions impacting policy/benefits already implemented
 - “Gray-Area” Retired Reserves can Purchase TRICARE Coverage
 - Prime Travel Changes (Exceptional Circumstances)

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- NDAA 2011
 - Only significant benefit change is TRICARE Young Adult

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- OTHER CHANGES
 - Urgent Referrals/Health Care Finder Pilot
 - Enrollment Portability
 - On-line Directory of all TRICARE Authorized providers
 - Enrollment Lock-out
 - T3/Other